

## CLAIMS ONLY

Application Number

Application Number  
**10-761490**

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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46						
47						
48						
49						
50						
Total Indep	4		2			
Total Depend	42		14			
Total Claims	46		19			

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						